PSA Application / Waiver Form

Child's Last Name	Child's Fi	irst ivaine	Sex M/F	Date of Birth
Address		City	State	Zip Code
Home Phone		Emergency Phone	e-i	mail
				PLEASE CHECK PSA WEEKS REGISTERED
Parent / Guardian 1	Parent / Guardia	n 2		
Name:	/		Week	1: June 27-July1
Palationshim	/		Week	2: July 5-8
•			week	3: July 11-15
Address:	/			4: July 18-22
City, State, Zip:	/			5: July 25 th -29
Jama Diagram	/()_			6: Aug 1-5 7: Aug 8-12
Work Phone: ()	/()		Fees:	All Weeks: \$190 (Week 2 \$160
Emergency Phone Numbers (in c	ase the parent / guardian cannot be reach	hed)	Total	Due:
Name:	Relation:	Phone #: ()		
Name:	Relation:	Phone #: (
• FEES: \$190.00 per s Department: 239 Co	· ·	ect Summer Adventure an indicates an understanding and agrable to "City of Marlborough". Plea \$25.00 fee for checks returned by	reement of the following: use bring /send payment to: M y the bank.	-
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Parent / Guardian Signature: _______Date: _____

CITY OF MARLBOROUGH

MARLBOROUGH, MASSACHUSETTS 01752-3812



VOLUNTARY RECREATION RELEASE FORM

I, the undersigned,		of,
(Parent	or Guardian)	(Insert child's name)
a minor, do hereby consent t	o my child's participatic	on in voluntary athletic or recreation programs of the City of Marlborough
Recreation Department.		
I also agree to forever releas	e the City of Marlborou	ugh, and all their employees, agents, board members, volunteers and any
and all individuals and organ	izations assisting or pa	articipating in voluntary athletic or recreation programs of the City of
Marlborough ("the Releasees	s") from any and all clai	ims, rights of action and causes of action that may have arisen in the past, or
may arise in the future, direc	tly or indirectly, from pe	ersonal injuries to my child or property damage resulting from my child's
participation in the City of Ma	ırlborough voluntary ath	thletic or recreation programs.
I also promise, to indemnify,	defend, and hold harm	nless the Releasees against any and all legal claims and proceedings of any
description that may have be	en asserted in the past	et, or may be asserted in the future, directly or indirectly, arising from personal
injuries to my child or proper	y damage resulting from	om my child's participation in the City of Marlborough voluntary athletic or
recreation programs.		
I further affirm that I have rea	nd this Consent and Re	elease Form and that I understand the contents of this Form. I understand
that my child's participation in	n these programs <u>is vo</u>	bluntary and that my child and I are free to choose not to participate in said
programs. By signing this Fo	orm, I affirm that I have	e decided to allow my child to participate in the City of Marlborough's athletic
or recreation programs with f	ull knowledge that the I	Releasees will not be liable to anyone for personal injuries and property
damage that my child or I ma	ay suffer in voluntary Ci	ity of Marlborough athletic or recreation programs.
	Signed:	
	Parent or Guar	rdian of: